

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			1/16/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	TC886	01-16-02
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	4-16-02
	1-6-02
	1-6-03
	8-26-03
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Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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01-17-02